

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 591525

FILING DATE

9.1.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		3				
6		3				
7		3				
8		3				
9		3				
10	1					
11						
12						
13						
14		3				
15		3				
16		3				
17		3				
18	1					
19						
20						
21						
22						
23		4				
24		3				
25		3				
26		3				
27	1					
28	1					
29						
30						
31						
32		4				
33		3				
34		3				
35		3				
36		3				
37	1					
38		2				
39	1					
40						
41						
42						
43		3				
44		3				
45		3				
46	1					
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52						
53						
54						
55						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	56	←		←		←
TOTAL CLAIMS	65					